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of hæmaturic fever in the hospital at Daiquiri, Province of Santiago, and that none were fatal in January, 1 in February, none in March, 1 in April, none in June, 3 in July. Since then there has been only 1 death. Habana Health Report for August will show 472 deaths as compared with 533 in 1902.

NOTE.—Blackwater fever was reported, July 30, as prevalent in Costa Rica. (See Public Health Reports, Aug. 14, 1903, p. 1351.)

Severe forms of malarial disease in Daiquiri.

[Cablegram.]

HABANA, CUBA.

(Received in Washington September 8, 1903.)

WYMAN, *Washington*:

Guiteras reports no yellow fever nor epidemic disease, Daiquiri nor Santiago. Daiquiri has severe malaria; 38 black water since January, 6 fatal. August only two. Both cured.

FINLAY.

Hematuria or hemoglobinuric fever (malaria).

The following is received from Acting Assistant Surgeon Wilson at Santiago, under date of September 5:

This fever attacks persons who have suffered from several attacks of intermittent malarial fever.

Symptoms.—It commences with very heavy chills, which last from fifteen to twenty minutes, high fever of 40°, urine colored with hemoglobin, then changing to the color of black blood. In many cases the first symptom is the hematuria, pain in all the joints, anxiety. At the end of six hours, or before in some cases, the patient begins vomiting, at first slightly bilious, later, at the end of twelve hours, changing to the color of apiol. The vomiting becomes very difficult to control, persisting, in very serious cases, for four days after the cessation of the fever.

About six hours from the commencement of the attack the patient begins to assume a yellow color, more or less pronounced, in proportion to the gravity of the attack, always, however, being more pronounced than that of the yellow fever.

The urine presents a great quantity of hemoglobin and when treated with heat and nitric acid precipitates a large quantity of albumin.

The breathing becomes very labored, affecting all the thoracic and abdominal muscles. The hiccup is very frequent.

The pulse is low, not in proportion to the temperature. The spleen grows one-third larger than its usual size; the liver becomes painful to pressure; complete stoppage of the urine in fatal cases.

Cases that are not treated during the first twelve hours are always fatal.

A microscopic analysis of the blood reveals the micro-organisms of malaria.

Case No. 1.—A. F.; native of Spain; age 33 years; white; single. Entered the hospital on the 6th of July, 1903. Temperature 41°, pulse 160, respiration 46, albumin in the urine when treated with heat and nitric acid, presenting a large quantity of hemoglobin, showing a dark red color and leaving a large quantity of sediment in the stool; bilious;